

New Cases

- ⇒ Check eligibility codes (TXIX and HC/FE) and client obligation via KMAP – <https://www.kmap-state-ks.us>. If unable to access website or KAMIS, email or call your POC Approver.
- ⇒ ACCC line must have same Start Date as all other services on the Plan of Care (correct entry should be “1 Unit per Month”).
- ⇒ Leave End Date blank on ACCC line and all other ongoing services.
- ⇒ Prorate lines (if applicable) – Use appropriate Discharge Code.
- ⇒ If the client obligation exceeds the cost of the prorated POC for only the first month of service, the HCBS case can be opened (FSM 3.5. 5.F.8)
- ⇒ On a new case with ATCR2X services (or an existing POC where the ATCR2X provider is changing), NUEVX* should be used unless the agency providing the service is already familiar with the customer or the agency is not approved to provide this service. Please state why NUEVX is not needed on POC in KAMIS Case Log Notes.
- ⇒ *Nursing Evaluation (NUEVX) - NUEVX can be used with ATCR1X service if the TCM decides it’s necessary, but is not allowed with ATCRUD (self-direct) service.

Effective Dating

Policy requires requests to be submitted for approval in advance of service Start Date. The customer must be functionally eligible, have current Medicaid (TXIX) eligibility showing in MMIS, and will be receiving services from an enrolled HCBS/FE provider. On a New Case where codes have not been entered, an ES-3160 (or equivalent) that shows TXIX/HCBS eligibility needs to be faxed to POC Approver.

The main reasons for effective dating are:

- a) Customer is **going to be** discharged from a hospital or nursing facility (NF).
- b) SRS Eligibility Worker is unable to modify codes (due to computer related problems).
- c) Customer **currently resides** in a licensed Assisted Living Facility (ALF), Residential Health Care Facility (RHCF), Home Plus (HP), or Boarding Care Home (BC) and needs services to start immediately. (Used for new and current customers.)
- d) If the Customer moves into a licensed ALF, RHCF, HP, or BC on a weekend or holiday, the TCM must notify KDOA by close of business of the next working day. (FSM 3.5.5.E)

Send to EDR@aging.ks.gov
Subject Line: CME XX, Customer Name, TCM name (do not insert date in the subject line; KDOA will do this when it is approved.)
Body of email: 1) Customer Name (first and last), 2) Bene ID#, 3) SSN, 4) Start/Effective Date, 5) POC Cost (including the ACCC), 6) Criteria Met, 7) Brief Description of situation, 8) Services customer is receiving, 9) TCM Name, and 10) TCM Phone #.

Reassessments

- ⇒ Submit both Uniform Assessment Instruments (UAI) to the POC Approver’s workload—referred to as the OLD and NEW UAI.
- ⇒ Old UAI – End date all service lines—including ACCC—with the last day of the current month – Use Discharge Code 31.
- ⇒ New UAI – All services lines—including ACCC—will have a Start Date of the first day of the following month (leave end date blank).

EXAMPLE

Old UAI –
The current date is December 16, 2010 –
The end date would be 12/31/2010 for all service lines—including ACCC.

New UAI –
Following month is January–
The start date would be 01/01/2011 for all service lines—including ACCC.

Helpful Case Log Notes

- ⇒ Give explanation of what changes are being made.
- ⇒ State the Start Date for increase, decrease, closure, New Case (Opening), provider change, service level of care, and number of units.
- ⇒ State if Effective Dating approval was given.
- ⇒ State if a previously approved client obligation is being changed to \$0.

Line Deletion (-1.0)

- ⇒ When deleting a service line from the KAMIS POC, check the “PA Line Items” table on the EDS Inquiry Screen to see if the service line is showing by Service Code, Authorized Start Date, and Service Provider # (i.e., S5130—01/01/2008—100070040A).
- ⇒ If the service line is showing in the “PA line items table:
 - 1) Type -1 in the “Total Units Monthly” field,
 - 2) Tab to “End Date” field - enter same end date as start date—use discharge code 29,
 - 3) Tab to the end of the window— -1 will appear in the customer obligation (if client obligation is no longer on EDS, then the client obligation needs to be -0-) and total monthly cost fields.
 - 4) Click “Save” button, change “POC Status” to Approved, and Press the “Save All POC Info” button.
- ⇒ Line deletion cannot be used to cancel out an incorrect entry on the POC. As long as an HCBS line is not previously approved [posted to EDS], you can delete the line (without the assistance of the KDOA HelpDesk).

If you are unsure how to make a change, call the appropriate POC Approver for instructions.

All Cases

- ⇒ Level I Approvers have 72-hours to approve a POC and Level II/III Cost Cap Approvers have 7 days to respond. **Do not count the date the POC is data entered or weekends and holidays.**
- ⇒ If changing the client obligation to -0- on a line that has previously been approved with a client obligation (\$ amount), please note this in the KAMIS Case Log Notes, as the POC Approver has to remove it from the MMIS POC.
- ⇒ If changing the number of units on a service line mid-month, be sure to prorate units and either 1) Put all units together on one line, or 2) Use two separate lines. Make sure the KAMIS Case Log notes state how the totals are calculated. If you choose to use two separate lines, please make sure the dates and units on the Notice of Action (NOA) match the dates and units on the KAMIS POC so the provider will bill accordingly and receive payment.
- ⇒ **Check the EDS Inquiry Screen** for client obligation amounts. KAMIS POC must match the date ranges/amounts* displayed on the "Customer Obligation from KAECSES."
- ⇒ Failure to keep client obligations updated will cause provider payment denials.

**Does not apply if -0- amount.*

Cost Cap Submission

- ⇒ Cost Cap Exceptions are submitted via online submission through KAMIS by the Case Manager.
- ⇒ The Clock Draw, paper Plan of Care (POC) and Customer Service Worksheet (CSW) must be attached to the CCE Request.
- ⇒ All attachments need to be submitted in either PDF, JPG or GIF for Graphics (KAMIS II User Manual Chapter 35, pg 21)
- ⇒ An e-mail is automatically sent to the Case Manager upon approval of the CCE and KAMIS POC. Once the e-mail notification is received the NOA may be sent.
- ⇒ When clarification is needed on the CCE Request or attachments, an e-mail will be sent to the Case Manager to notify follow up is required.
- ⇒ On the CSW, double check that the UAI scores match what is on page 2 of the UAI. If updating scores, make sure the CSW matches the updates. Check to see that the provider and service codes are on all 3 pages and the total units are at the bottom of page 3.

Case Closure

- ⇒ On all service lines—including ACCC line—the end date should be the date of death (Code 2), or the last date of service (Code 5, 10). Regardless, the POC end date cannot be after the HC/FE eligibility end date in MMIS (also reflected on the "Customer Eligibility" table on the EDS Inquiry Screen).
- ⇒ Prorate service lines (if applicable).
- ⇒ Use appropriate Discharge Code (Refer to Closure Reasons and Codes).
- ⇒ If the customer has HMELS that are going to continue after HCBS services are closed, leave customer in "Active" status.
- ⇒ If the client obligation exceeds the cost of the POC, the case will need to be closed. (FSM 3.5.5.F.9)

Combining Services

- ⇒ A customer can receive both Level I and Level II services (ATCR1X and ATCR2X). If the provider is the same for both Level I and Level II, the Level II rate shall be paid in both levels, as combining them together (FSM 3.4.1.C).

KDOA Plan of Care Approvers

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Assistive Technology POCs

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After the ASTEX online request has been approved, please pend the POC directly to Krista's workload.

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